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PREVENTING THE SPREAD OF YELLOW FEVER THROUGH AIR TRAFFIC

Ever since the discovery of the existence of jungle yellow fever, which, owing to its peculiar epidemiological characteristics, might almost be considered as a new pathological entity, the Pan American Sanitary Bureau has been devoting much time and attention to study of the disease with the desire to initiate such measures as would tend to prevent its international spread.

The disease has been proved to exist in Brazil, Paraguay, Bolivia, Peru, Ecuador, Colombia, and Venezuela, and further investigations may succeed in demonstrating its presence in still other countries and localities.

While the presence of jungle yellow fever in any country has constituted a potential menace to the country in which it exists, and to neighboring countries, especially in those instances where large river systems, such as the Amazon, the Parana, the Orinoco, and others, traverse several countries, so far, with the exception of several interior cities and towns in Brazil and one city in Bolivia, no urban outbreaks of yellow fever have occurred, in recent years, at least that could be attributed to the jungle virus.

However, owing to the opening of new means of communication such as automobile roads, airplane services, and new railroad constructions and extensions, in several of the countries where jungle yellow fever has been proved to exist, it would appear that the menace which has heretofore been considered a potential threat only is now being converted into a probable or possible danger.

With a view, then, of taking such steps to prevent the international spread of yellow fever as would seem to lie within the power and authority of the Pan American Sanitary Bureau under the terms of the Pan American Sanitary Code, the arrangement presented in the accompanying letter and certificate was entered into with the Pan American Airways System and will be extended to other international airplane systems in the Western Hemisphere just as rapidly as the traveling representatives of the Bureau can establish contact with them.

It is believed that the measures to be applied will afford protection against the international spread of yellow fever through the medium of airplane traffic, and that they constitute the maximum of pre-

ventive measures that present circumstances warrant insofar as air traffic is concerned.

The prevention of the international spread of yellow fever through other means of transportation such as automobiles, railroads, maritime and river steamers, and similar craft, and through other local means of transportation, would appear to constitute a problem which each country must work out for its own protection.

PAN AMERICAN AIRWAYS, INC.,
GENERAL OFFICES—CHRYSLER BUILDING,
New York City, July 12, 1937.

The DIRECTOR, PAN AMERICAN SANITARY BUREAU,
Pan American Union Building, Washington, D. C.

DEAR SIR: Pursuant to conference today between Dr. J. D. Long, your traveling representative, and several of the high executives of our companies, we are glad to advise you that the following measures will be put into effect throughout the Pan American Airways System, in connection with yellow-fever control:

1. All of our flying personnel will be vaccinated against yellow fever as rapidly as possible. Pursuant to the information given us by Dr. Long, we shall arrange to have the vaccination done in Rio de Janeiro and, for as long as available, at Cristobal, Canal Zone, and at Lima, Peru. Vaccination of flight personnel will also be carried out at Miami, Fla., during the next winter season (Dec. 21 to Mar. 21).

2. The form designated as "Certificate of Origin of Passenger" shown to us by Dr. Long, which we understand has been adopted as a Pan American Sanitary Bureau standard form, will be furnished by all of our traffic offices and agencies to each individual passenger embarking in one of our planes at any point north of 30° south latitude, irrespective of the direction that his voyage may take. The passengers will be requested to fill out the form promptly and accurately, as a document of first importance in connection with their proposed voyage. This procedure will be put into effect so soon as we have received from you a supply of the accepted form and distributed the same to our traffic offices.

3. Airplanes will be fumigated during the night with an efficient insecticide, such as the formula which has already been supplied to us by the United States Public Health Service, and will be opened in the morning prior to embarkation of passengers and thoroughly ventilated.

We take this occasion to express our appreciation of the helpful and cooperative attitude manifested by Dr. Long and to assure you that we shall do our best toward helping satisfactorily to resolve the important public health problems raised by the rapid development of international air transport.

Very truly yours,

PAN AMERICAN AIRWAYS, INC.
(Signed) GEORGE L. RIHL, *Vice President.*
PAN AMERICAN-GRACE AIRWAYS, INC.
(Signed) J. D. MACGREGOR, *Vice President.*

PAN AMERICAN SANITARY BUREAU Issuing agency.....
 Place.....
 Date issued.....

CERTIFICATE OF ORIGIN OF PASSENGER

(To be filled in by agency issuing airplane passage)

NOTE: This certificate is a personal one and should be retained by the passenger along with vaccination and health certificates.

Name of passenger.....
 Where does voyage begin?..... Date.....
 Where does voyage end?..... Date.....
 Will voyage be direct, or will there be stopovers?.....

Places of stopover	Date of arrival	Date of departure
.....
.....
.....

Where does passenger reside when at home?.....
 On what date did passenger arrive in city where he will embark?.....
 Give localities visited or resided in for 6 days prior to embarkation:
 1st day..... 4th day.....
 2d day..... 5th day.....
 3d day..... 6th day.....

REMARKS: Persons who can present satisfactory evidence that they have had yellow fever, or who can present certificates of vaccination against yellow fever, will not need Certificate of Origin.

This form will not be required of international passengers originating south of 30° south latitude unless they make stopovers in the area north of this parallel in excess of 1 day while en route to their destination.

It may occur to some that the data that may be given in the Certificate of Origin of passengers may not always be exact. It will be noted that the passenger is required to account for himself, or herself, for the 6 days preceding embarkation at the airport. This period, plus the time consumed on the voyage, gives a fairly wide margin of safety. Also, as a rule, passengers arrive at the city where the airport from which they will leave is located, from 3 to 4 days prior to departure in order to obtain consular visas on their passports, obtain police permits to leave the country, etc., and to make reservations for their voyage.

In case of doubt as to the exactness of the data contained in the Certificate of Origin of any passenger, an examination of the dates when consular visas, police permits, etc., were obtained will furnish valuable collateral information.

In cases where passengers have come from actually infected localities, and the 6-day period of incubation since last possible exposure

has not been completed upon arrival at destination, in the discretion of the quarantine officer the passengers may be placed in open surveillance, observation, or detention as may be deemed safest and most expedient.

It should be noted that the Certificate of Origin of passengers is a personal document in the same manner as is a certificate of vaccination against smallpox and should not be taken up by quarantine authorities. It is always available for examination, however.

The Surgeon General of the United States Public Health Service will detail a specially trained medical officer of the Service to Cristobal, Canal Zone, and Lima, Peru, to vaccinate flying personnel. Later, the same officer will be sent to Miami, Fla., and Brownsville, Tex., just as soon as his work is completed in the Canal Zone and Peru, probably about the end of 1937, in order to complete the vaccination of the personnel engaged in flying in Mexico, Central America, and the Southern States of the United States, countries in which the presence of jungle yellow fever has not been proved.

The Rockefeller Institute of Medical Research in New York and its laboratory in Rio de Janeiro will supply all the vaccine that will be used.

A STUDY OF SYPHILIS IN THE COAST GUARD *

By H. MCG. ROBERTSON, *Medical Director, United States Public Health Service,*
Chief Medical Officer, U. S. Coast Guard

Prior to January 1933 it was customary to enlist Coast Guard personnel without making a Wassermann test, unless the history and examination suggested it. An enlisted person was then in a temporary status for the first enlistment and could be dismissed if incapacity ensued. At the end of that period he was allowed to reenlist if physically fit, without a Wassermann test, and from that time on was in a permanent (regular) status in the Coast Guard. As a "regular" he was entitled to be retired on three-fourths pay when incapacitated from any condition not due to "vicious habits." Upon casual consideration it might be assumed that practically all syphilis is the result of what is called "vicious habits", innocently acquired syphilis being relatively rare. However, under the retirement law and the interpretations thereof (General Circular No. 40, P. H. S.) it has come about that 2 of every 5 persons who have tertiary syphilis are considered to have acquired the disease innocently. Thus a large number of persons with syphilis become eligible for retirement if disabled by this disease. The determination that a person with syphilis is not infected because of "vicious habits" is based upon three principal points: The first is a history of an extragenital sore without a genital scar, the second is the presence of syphilis in the

*Published by permission of the Commandant.

wife, and the third is the fact of "long service" without history of the disease and with absence of genital scar. This "long service" has been placed by the Navy at 4 years. In the Coast Guard it has been set at 5.

A review of the records at Coast Guard Headquarters reveals that, on March 15, 1937, there were approximately 100 persons in the Coast Guard with syphilis which was held not due to "vicious habits."

On September 29, 1932, Medical Director Allan J. McLaughlin was detailed as Chief Medical Officer of the Coast Guard. After a few months' study of the sickness and retirement situations he saw clearly the need for more careful selection of enlisted personnel. In January 1933 he recommended to the Commandant that more careful examination of the lungs be made, and that blood pressure readings and Wassermann tests be made obligatory in all examinations for temporary enlistments and for later enlistments in the regular service. At a somewhat later date the term of enlistment was changed by Headquarters from 2 to 3 years, and the temporary status was lengthened from 1 term of 2 years to 2 terms of 3 years. As a result of this change in the length of temporary status, mentally and physically defective persons can more readily be discovered and dropped from the service. Many of these would have become "regular" under a 2-year period of temporary service and under the less strict physical entrance examinations of former years. There can be little doubt that the measures instituted by Dr. McLaughlin must result in marked lessening of premature retirements. Having instituted the measures making for stricter enlistment examination, Dr. McLaughlin put into effect a policy whereby all Coast Guard personnel infected with syphilis should be under compulsory treatment until headquarters was notified in each case by the attending officer that further treatment was not indicated.

Prior to January 1933, a record was kept of the personnel infected with the venereal diseases, but no effort was made to make treatment compulsory and each patient was allowed to secure treatment as he desired, after having been informed of his condition. It had, however, long been customary to hospitalize personnel with primary syphilis, insofar as possible, for treatment and isolation until the initial lesion had healed. Presumably each primary patient was instructed as to the necessity for further treatment after hospitalization, and this was no doubt so in the cases of patients in whom latent syphilis was incidentally discovered. As stated, however, no follow-up system was in practice prior to 1933. Early in that year the following system was inaugurated in order to insure adequate treatment of syphilitic personnel:

Medical officers of the Public Health Service, upon making a diagnosis of syphilis in a Coast Guard patient, are required (Hospital

Division Similar Letter No. 228, Dec. 9, 1932) to submit to Headquarters, under remarks, on C. G. Form 2522 (Final Medical Certificate), an outline of the treatment to be administered in the immediately ensuing course, specifying date and nature of each treatment advised. In case of failure to receive the outline of treatment, a letter is addressed by Headquarters to the medical officer concerned asking that it be furnished without delay. Upon receipt of the suggested course of treatment, the Medical Section at Coast Guard Headquarters sends a letter to the commanding officer of the unit to which the patient is attached directing him to send the patient in question to the Public Health Service for treatment on the first date specified in the outline. A similar letter is sent to the commanding officer prior to each of the dates on the indicated outline. A copy of each treatment letter is sent to the medical officer treating the patient, with a report card upon which the medical officer indicates by a check mark whether the patient did or did not report for treatment. If the patient fails to report, the matter is looked into and corrected. Upon receipt of the report card at headquarters properly checked, a record is made of the treatment upon the register of the patient. This reporting by card covers only outpatient treatments. The nature and number of treatments given to those receiving inpatient treatment are not reported to Coast Guard Headquarters. This follow-up system entails a large amount of clerical work, but the records show gratifying results in the relatively adequate treatment obtained in the great majority of cases.

The files in the Medical Section at Coast Guard Headquarters on March 15, 1937, contained the records of 788 persons who, since January 1, 1933, had come under the compulsory treatment plan instituted about that time by Medical Director McLaughlin. There is much valuable material in these records, and an effort has been made to sift out and present as many as possible of the more interesting facts and figures.

Of these 788 persons, 386 are no longer in the service, while 402 remain (20 retired and 382 on active duty).

Of the 386 out of the service, 6 have died. Nearly all of the remaining 380 were in a temporary status and were refused reenlistment at the expiration of their first or second temporary period. A few were in regular status and left the service through desertion or dismissal for cause. Of the 6 syphilitic persons who have died in the service since January 1, 1933, only 1 died as a result of syphilis. This was a patient who had received considerable treatment following a positive Wassermann found on the annual physical examination. It was impossible to reverse the Wassermann from 4+ in this case; and, while resting from treatment for a period of three months, the patient was seized with convulsive attacks which continued for several days. Lobar pneumonia supervened and death occurred on the tenth day.

The pneumonia was given as the actual or primary cause of death, but it seems that this 1 out of 6 deaths among 788 cases over a period of 4 years is really to be attributed to syphilis.

Of the 380 others now out of the Coast Guard as a result of having been refused reenlistment, 207 were primary cases and 173 secondary or tertiary (largely reported as tertiary). It is, of course, not known whether any of this number have died of syphilis since their separation from the Coast Guard. They were all in their twenties or early thirties, and in nearly all cases had received considerable treatment. For these reasons it is doubtful whether any of them have died of syphilis.

It may be said here that an enlisted man in temporary status who is found to have syphilis is very rarely dismissed at that time, unless he has less than 1 year's service. He is placed under treatment and directed to continue same until the expiration of his enlistment or until advised that further treatment is unnecessary. When discharged, he is advised that further treatments may be continued at Public Health Service hospitals and relief stations if application is made for same within 3 days from date of discharge, in accordance with the Regulations.

Of the 402 syphilitic personnel still in the Coast Guard, 20 are retired, 182 have completed treatment, and 200 are still receiving treatment. Of the 20 retired persons who are infected with syphilis, 8 are definitely retired because of this disease, 8 definitely for other causes, and 4 are retired for the following causes: 1 optic atrophy, 1 traumatic psychosis, and 2 for bronchial asthma. It is possible that syphilis is a factor in these last 4 cases.

Of the 8 definitely retired because of syphilis, 1 had the primary lesion in March 1932, developed paresis in 1935, and was retired in June 1936. Headquarters has a record of 25 injections of neosalvarsan and 14 of bismuth given this man as an outpatient in 1934. In 1932, immediately following the discovery of the initial lesion, he received 7 weeks' hospital treatment. This is a case in which the man's wife was found to have syphilis and retirement was allowed on the ground that the disease was not due to "vicious habits." The remaining 7 were old tertiary cases.

Of the 182 persons now in the service who have received treatment until advised to discontinue, 84 were primary cases and 98 secondary or tertiary (largely the latter). Thirteen of the primary cases and one of the tertiary are in a temporary status and will be in the Coast Guard only until the expiration of their current enlistments. Seventy-one primary and ninety-seven tertiary are in regular status and will no doubt remain in the Coast Guard.

Regarding the "vicious habits" or misconduct status of the 182 persons now under consideration, all of the primary cases come under

this heading except 5 which were extragenital-lip-chancres. Of the 98 tertiary cases, 59 are in the misconduct status and 39 are not. These 39, together with the 5 who had extragenital lesions, are eligible for retirement if disabled by syphilis. The remainder of the 182, that is 138, persons in this group may not be retired if at any time in the future they become disabled because of syphilis.

In addition to the 2 groups of cases above-mentioned, there is another composed of 200 persons who are still receiving treatment for syphilis. Of this number, 54 are primary cases and 146 secondary and tertiary—largely the latter. Of the primary cases, 53 are the result of so-called "vicious habits", while in 1, a lip chancre, the disease is listed as innocently acquired. Of these primary cases, 35 are in the regular establishment and 19 are in a temporary status and will be discharged at the end of their enlistments. Of the 146 cases listed as tertiary and secondary, 131 are regular and 15 are temporary. There are, thus, in this group now being treated, 166 persons in the regular Coast Guard service. These will no doubt in large part remain in the service and, with the group of 168 regulars who have completed their treatment, make a total of 334 persons whose future histories may be studied from time to time.

Of much interest is the incidence of syphilis in the two branches of the Coast Guard Service—the Life Saving and the Sea Service branches. On January 1, 1937, the enlisted strength of the Coast Guard on active duty was approximately 8,900. These were divided as follows:

Sea Service.....	6,485
Life Saving Service.....	2,415

The known number of persons in the Service at that time who had syphilis was 382. Of this number there were 372 in the Sea Service (5.7 percent of enlisted strength of that service), and 10 in the Life Saving Service (0.4 percent of the number in that service).

Reference to the files of those who, since January 1, 1933, have been treated but are no longer in the Coast Guard (386), shows almost the same relative numbers. Out of a total of 386 cases only 10 were in persons who served in the Life Saving branch of the Coast Guard. Of the 10 persons now in the Life Saving branch of the Service who have syphilis, 3 are tertiary cases at the same station on the outskirts of a large northeastern city, 2 are primary cases in and near 2 of the large Middle Atlantic cities, and of the remaining 5 cases (tertiary cases), 2 are on the Pacific Coast, 2 on the Great Lakes, and 1 is on the South Atlantic Coast.

This interesting finding seems to express the result of two distinctly different modes of life, if nothing else. The enlisted personnel of the Life Saving Service, to a great degree, spend their entire lives in or near the neighborhoods in which they were born and in which their

stations are located. They marry, lead normal home lives, and are not subject to distant travel orders except in unusual circumstances. The members of the Sea Service branch, the sailors, have no settled homes and must travel with their vessels to various seaports of the world, the newly enlisted men all being unmarried; or they serve on harbor boats in and near the large cities of the United States and its possessions. While the manner of life and the situations of the two service branches are as stated, it must be remembered that, under modern methods of transportation, no locality, on the Atlantic coast at least, is very remote from centers of population and of vice. With this in mind it is probable that other factors than environment have contributed to the marked differences in the incidence of syphilis as noted above. Only one case of syphilis of the central nervous system has developed in the Life Saving Service.

Figures are available in this study to show the number of primary cases of syphilis reported in each year since 1931. These figures are as follows:

Year	Cases
1932.....	33
1933.....	25
1934.....	37
1935.....	21
1936.....	30

Of 138 primary cases still in the Service and 20 recently discharged—a total of 158, the month in which the disease was acquired has been noted. These cases are seasonally distributed as follows:

January.....	17
February.....	9
March.....	10
April.....	13
May.....	9
June.....	11
July.....	19
August.....	18
September.....	14
October.....	13
November.....	11
December.....	15

Reference to rating and color reveals nothing of especial interest. Except in what may be termed the "steward's department", colored persons are not numerous. In the steward section of the Sea Service branch, there are 364 Filipinos and 99 Negroes out of a total of 757. This group presents 37 cases of known syphilis, or 4.9 percent. Among the seamen the percentage is 5.2, while the firemen show 7.7, and the remainder of the personnel 6.9 percent.

Reference to the matter of the late manifestations of syphilis, especially to syphilis of the central nervous system, shows the following:

Retired for central nervous system disease—definite.....	19
Retired for central nervous system disease—probable.....	1
Died from cerebral syphilis.....	1
To be discharged soon (misconduct status):	
Central nervous system disease and cirrhosis of the liver.....	1
Syphilitic aortitis.....	1
Under observation for syphilis of the central nervous system, but still on duty.....	8
Total.....	21

¹ 1 has been retired since these figures were compiled.

There are here 20 patients who have, or had, syphilis of the central nervous system and one with syphilis of the vascular system. Of the 20 with syphilis of the central nervous system, 1 is retired for tabes and 1 is under observation for this condition. Possibly some of the 8 under observation may not be confirmed, but this seems unlikely from available records. Accepting the 20 cases as all genuine, there is this number of cases of syphilis of the central nervous system in a total of 788, which is 2.5 percent. Jelliffe and White¹ state that "about 2 percent of those infected with syphilis develop paresis" and "less than one-half percent develop tabes." The Coast Guard patients seem to run fairly true to form, and this in spite of the fact that much treatment was administered in the late stages of the disease. Somewhere in the Public Health Service files there may possibly be found a record of earlier medication in these cases, but this is not available at Coast Guard Headquarters.²

The 20 cases of late syphilis here considered date back, with 2 exceptions, well into the last decade and must express the results of the methods of treatment then practiced. It is hoped that the intensive compulsory treatments received since January 1, 1933, by the 228 tertiary cases, now in the regular service, may reduce the incidence of late symptoms in this group. It should be interesting to observe them through the years. Certainly there is ground for hope that the late manifestations of syphilis may be entirely absent in that other group of regulars (106 in number) who were adequately treated immediately following the appearance of the primary lesions. The results here will be equally interesting and as easily followed.

The ages of the 106 "regulars" who have been and are now being treated for syphilis following primary lesions are as follows:

¹ Jelliffe, Smith Ely, and White, W. A.: *Diseases of the nervous system; a textbook of neurology and psychiatry*, 5th ed., p. 817. Lea & Febiger. 1929.

² For earlier published reports, see articles by Medical Director W. W. King, *Public Health Reports*, Vol. 45, No. 49, p. 2979 (1930), Vol. 46, No. 23, p. 1360 (1931), and *Venereal Disease Information*, Vol. 9, No. 1, p. 1 (1928).

Less than 25 years.....	2
25 to 29 years.....	47
30 to 34 years.....	35
35 to 39 years.....	17
40 to 43 years.....	5

These high ages are due to the fact that the younger men appearing with primary lesions within the past 4 years have been in temporary status and have been dismissed. The recorded treatments (out-patient) as shown in Headquarters' files in 71 of these 106 persons who have completed treatment are as follows:

Number of neosalvarsan injections

40 or more given in 10 cases.
31 to 40 given in 9 cases.
20 to 30 given in 21 cases.
15 to 19 given in 6 cases.
12 to 14 given in 8 cases.
11 or less given in 8 cases.
Not recorded, 9 cases.

Of those listed as not recorded, three were hospitalized for a period of from 10 to 12 weeks, while 6 were treated in the years before a record of outpatient treatments was kept at headquarters. Of the 16 patients receiving less than 15 injections of neosalvarsan, all spent from 10 days to 10 weeks in hospitals following the discovery of the initial sore. Some of these patients were in Alaska, Honolulu, and Puerto Rico, making it difficult to get a record of all treatments; yet in each case the medical officer attending has notified headquarters that no further treatments are indicated.

The bismuth treatments correspond closely to the arsenicals, while mercury was used in several cases.

It may be too early to expect definite benefits from the requirement that applicants for enlistment present a negative Wassermann report; yet it is significant that, since inaugurating this procedure on January 1, 1933, only 2 persons among the large number enlisted since that date have been found to have tertiary syphilis. Three others who originally presented a negative Wassermann are under treatment for secondary syphilis. Except for these 5 cases, all syphilis in personnel enlisted since January 1, 1933, has been primary upon first report. Should this low incidence of secondary and tertiary cases among recently enlisted personnel continue, and the average of new primary cases—about 30 per year for the past 5 years—be maintained, there should be a marked decrease, within the next few years, in the number of cases under treatment at any one time. The present number, 200, should be reduced to 100 or below.

The most interesting fact in this report is that a body of 334 persons in regular status in a military service may be kept under observation for as long a period as may be desired. There are, no doubt, other

groups of such "adequately" treated syphilitics, but it is doubtful that they may be so easily kept in sight or that their exact medical histories may be so readily obtainable as will be the case in this group of 334 and the future additions thereto.

RECENT COURT DECISIONS ON MILK CONTROL (1934-37)*

By JAMES A. TOBEY, LL. B., Dr. P. H., *Director of Health Service, The Borden Co., New York; Member of the New York Bar*

The sanitary control of market milk always has been and continues to be one of the more or less acute problems of public health administration. To be sure, great advances have been made in recent years in the production and handling of clean and safe milk, especially in our larger cities; but many milk supplies in smaller communities and rural regions are still in need of drastic improvement.

The problem of milk sanitation is less serious now than formerly, because all progressive members of the dairy industry appreciate the commercial advantages, as well as the humanitarian values, of pure, pasteurized milk. Not only are modern dairymen willing and eager to cooperate with local health officers whose actions are reasonably calculated to promote the public health, but national organizations of milk dealers have taken the initiative in making available to the industry and to the public health profession useful information on the technical and legal aspects of milk control.¹

Although the quality of our market milks is steadily improving, much attention is and must be given to this important matter by legislative bodies, by executive health authorities, and, when the necessity arises, by the courts. As one of the coordinate branches in our American system of government, the judiciary is vested with the duty of determining proper legal principles, and of applying constitutional safeguards in the interests of justice and for the protection of the rights of individual citizens.

During the past 10 years, reports on the various legal aspects of milk control brought out by the decisions of the courts of last resort in this country have been submitted to this conference at intervals of every 2 or 3 years.² Since the last report, in 1934, the courts have been

*Read before the Conference of State and Provincial Health Authorities of North America, Washington, D. C., Apr. 5, 1937.

¹ Tobey, J. A.: Legal aspects of milk control. Int. Assoc. of Milk Dealers. Chicago. 1936.

² Tobey, J. A.: Court decisions on pasteurization. Pub. Health Rep., 42: 1756-1760 (1927). (Reprint No. 1168.)

Tobey, J. A.: Recent court decisions on milk. Pub. Health Bull. No. 191. U. S. Pub. Health Service. 1929.

Tobey, J. A.: Recent court decisions on milk. Pub. Health Rep., 47: 2250-2256 (1932). (Reprint No. 1555.)

Tobey, J. A.: Recent court decisions on milk. Pub. Health Rep., 49: 993-998 (1934). (Reprint No. 1644.)

called upon to rule upon a number of important matters concerned with the production, inspection, licensing, processing, handling, and economic control of milk and milk products. Inasmuch as these decisions are now a part of American jurisprudence, health officials should be familiar with them.

PASTEURIZATION

Between 1914 and 1934, courts in 10 States sustained the validity of laws, ordinances, and regulations requiring the pasteurization of all or part of the market milk supply in accordance with methods approved by health authorities.³ Except in one or two instances where such requirements have been declared void merely because of legal technicalities, the only decision adverse to pasteurization was in a Missouri case, in which it was held from the evidence submitted that raw milk is better than pasteurized milk.⁴

Since 1934 there has been only one recorded decision on pasteurization, although several unreported cases have been decided by courts of intermediate jurisdiction. Late in 1935 a municipal ordinance prohibiting the sale of pasteurized milk in a city unless it had been pasteurized within the city limits was upheld as a valid exercise of the police power by a district court of appeal in California.⁵

In deciding this case, in which an ordinance was claimed to be unreasonable and oppressive, the court had as a precedent an opinion by another district court of appeals in this State, which in 1929 had sustained a similar ordinance of the city of San Francisco.⁶ Although the same requirement has been upheld by the New York courts,⁷ this legal principle does not hold good in Minnesota, where it was more logically decided in 1933 that such a provision is invalid as an unconstitutional interference with a milk dealer's legitimate rights of property and contract.⁸

CONTROL OF BOVINE TUBERCULOSIS

Since 1896, legislation in various States requiring the tuberculin testing of dairy cattle and providing for the eradication of bovine tuberculosis has been approved by numerous courts.⁹ Not until 1934, however, were the courts in Illinois called upon to rule upon this matter; but in that year the Bovine Eradication Act of 1929 of that State was upheld in three noteworthy decisions, in which it was

³ Tobey, J. A.: Pasteurization and the courts. *New Eng. J. Med.*, 212: 613 (Apr. 4, 1935.)

⁴ *State v. Kinsey* (1926). 314 Mo. 80, 282 S. W. 437.

⁵ *La Franchi v. City of Santa Rosa* (Calif., 1935), 52 P. (2d) 558.

⁶ *Witt v. Klimm* (1929), 97 Cal. App. 13, 274 P. 1039.

⁷ *Lang's Creamery v. Niagara Falls* (1928), 231 N. Y. S. 368, 224 App. Div. 483, aff. in 251 N. Y. 343, 167 N. E. 464.

⁸ *State v. City of Minneapolis* (1933), 190 Minn. 138, 251 N. W. 121.

⁹ Tobey, J. A.: Legal aspects of milk control. *Int. Assoc. of Milk Dealers*. Chicago. 1936. Chap. VII, pp. 84-63.

stated that rebellious dairymen must submit to tuberculin testing of their cattle in the interests of the public health.¹⁰

Where, however, a State secretary of agriculture attempted to enforce compulsory tuberculin testing of all cattle in the absence of specific legislation authorizing such action, it was held by the South Dakota Supreme Court in 1936 that the secretary would be enjoined from enforcing a regulation to this effect.¹¹ This decision is not, of course, adverse to the cause of tuberculin testing, for the court pointed out that mandatory legislation of this character was proper, but that the court could not supply in the law what the legislature had neglected to provide.

UNDULANT FEVER

Although many court decisions on the control of bovine tuberculosis are on record, there have been only two or three on the subject of the control of Bang's disease in cattle. In 1932 the United States Supreme Court upheld as valid an order of the New York Commissioner of Agriculture and Markets requiring that all cattle imported into the State be free from Bang's disease, as shown by a certificate from the chief livestock sanitary official of their State of origin.¹²

The question of the liability of a milk dealer for a case of human undulant fever caused by his milk supply came before the Supreme Court of Appeals of Virginia in an interesting case decided in 1936.¹³ Although this tribunal affirmed a judgment for the defendant milk dealer on the technical grounds that the action for negligence had not been brought within 1 year as required by the statute of limitations, and that the minor child who was afflicted was not a party to the contract of sale, the court laid down the doctrine that there is an implied warranty of the wholesomeness of a food sold by a dealer for immediate domestic use. A dairy company therefore warrants that his milk supply is free from the germs causing undulant fever; and if the disease occurs, he is liable to the customer for damages. This is an action on a contract, but there may also be an action for the wrong, or tort, of negligence, especially where a third party such as a minor child of the purchaser of the milk is the victim.

LIMITING THE INSPECTION AREA

What limits may a health department put upon the area from which inspected milk and dairy products may be shipped into a city for sale therein? An answer to this question was given by the Supreme Court of Georgia in a recent decision.¹⁴

¹⁰ *People v. Anderson* (1934), 355 Ill. 289, 189 N. E. 338; *People v. Huie* (1934), 355 Ill. 412, 189 N. E. 346; *Witte v. McLaughlin* (1934), 355 Ill. 463, 189 N. E. 350.

¹¹ *Anderson v. Russell* (S. D. 1936), 268 N. W. 386.

¹² *Mintz v. Baldwin* (1932), 289 U. S. 346; 77 L. Ed. 1245; 53 S. Ct. 611.

¹³ *Colonna v. Rosedale Dairy* (Va., 1936), 186 S. E. 94.

¹⁴ *Wright v. Richmond County* (Ga., 1936), 186 S. E. 815.

In this case an ordinance of the city of Augusta prohibited the shipment of ice cream into the city if it came from an area outside of a 60-mile radius from the city limits. The ordinance also required that all milk used in the manufacture of the ice cream must conform to the terms of the Standard Milk Ordinance. The plaintiffs in the case had agreed to meet these sanitary requirements, but had contested the 60-mile inspection limit as a violation of the State constitution.

In denying an injunction against the enforcement of this ordinance, the court stated: "The regulation is not unreasonable, unlawful, or void under our laws and constitution, in view of the relation of milk and its products to the health and physical welfare of many citizens to whom the products referred to are part of their daily food, and whose health would be endangered if those products were not free from all infection."

Directly contrary to this case, however, is a recent decision of the United States District Court in Maryland, which had before it a similar regulation promulgated by the health commissioner of Baltimore.¹⁵ This regulation prohibited the sale of cream for the manufacture of ice cream in the city when the cream was produced in dairies located in a zone more than 50 miles from the city limits, except that emergency shipments might be allowed under certain conditions.

The court said that such a regulation was invalid and unconstitutional because it was an unreasonable interference with a legitimate business and with a lawful article of commerce. The court pointed out that the health department could easily ascertain the sanitary quality of the cream, if not by its own inspection, by reports from other health officials or by laboratory examination. If the cream was below standard or dangerous to health, it could be excluded; but it could not be prohibited merely on the capricious ground of distance.

A somewhat similar case was adjudicated recently in Kentucky.¹⁶ Here a provision in an ordinance of the city of Louisville to the effect that no milk plants constructed beyond the city limits after a certain date would be permitted to supply milk to the city, except with the special sanction of the health officer, was held by the court to be invalid as an improper delegation of power to the discretion of a ministerial officer. The court allowed a provision that future plants should be constructed in accordance with requirements specified by the health officer, but properly refused to uphold the exclusion of wholesome milk from beyond the city limits.

INSPECTION FEES

An ordinance of the city of Little Rock imposing on grade A dairy-men an inspection fee of \$1 for each cow milked, with a minimum of

¹⁵ *Müller v. Williams* (Md., 1935), 12 F. Supp. 236.

¹⁶ *Grant v. Leavell* (1935), 259 Ky. 267, 82 S. W. (2d) 283.

\$10, and on grade B dairymen a fee of \$3 for the first cow, and 25 cents for each additional one, and on pasteurizing plants a flat inspection fee of \$100, was held by the Supreme Court of Arkansas not to be an arbitrary or discriminatory classification of dairies.¹⁷ In this instance the pasteurizing plants were all in the city, whereas the dairies were outside, grade A milk being sold direct to consumers, and grade B milk being sold to pasteurizing plants.

IMPROPER DENIAL OF A LICENSE

An illuminating decision regarding the rights of milk dealers in obtaining licenses and the limitation of the powers of a health department was handed down by the New Jersey Supreme Court early in 1935.¹⁸ In this case the health authorities of the city of Perth Amboy had refused to grant a permit to a qualified dealer to sell milk merely for the alleged reasons that there was already an adequate supply of milk in the city, and that the health department did not wish the added burden and expense of further regulation and control of milk.

These contentions were dismissed as improper by the court, which called attention to the fact that the milk business may be vested with a public interest, but that the control over it by health authorities must be reasonable, and not arbitrary or capricious, as in this case. Holding further, that the health department had no discretion in this instance, it was ordered to grant the license.

"It will serve no useful purpose", asserted the court, "to answer or further discuss the purported reason argued upon which the refusal is sought to be justified. Suffice it to say that the meager facts, relevant as to the occasion and history of the refusal, lead us to the conclusion that they are without substance. They are excuses rather than legal reasons. The city just took the position that it had enough milk dealers and that it had the situation 'well in hand.' Such a position is unreasonable; it is arbitrary, capricious and discriminatory. It unlawfully curtails prosecutor's [the dealer's] common law right to engage in a lawful business, notwithstanding that it has fully complied with the requirements of the State and city. This the city cannot lawfully do."

CONTAINERS FOR MILK

A State law providing for the registration of bottles and prohibiting the use of milk bottles by any person other than their rightful owners was sustained by the Supreme Court of Kansas in 1936, and an injunction was issued to restrain such improper use by independent dealers in the city of Wichita.¹⁹

¹⁷ *Coleman v. Little Rock* (Ark., 1935), 88 S. W. (2d) 58.

¹⁸ *Sheffield Farms v. Seaman* (1935), 114 N. J. L. 455; 177 A. 372.

¹⁹ *Associated Dairies v. Fletcher* (1936), 143 Kans. 561; 56 P. (2d) 106. *Wichita Natural Milk Prod. Assoc. v. Capp* (1936) 144 Kans. 238, 50 P. (2d) 29.

In North Carolina, on the other hand, a statute to prohibit the wrongful use of milk bottles and other containers was declared to be void by the Supreme Court of that State as a needless interference with property rights.²⁰ This law prohibited the use of milk containers for any purpose except milk, made unlawful the use of such property of another, and required the purchase of milk bottles only from wholesalers, stores, or dairymen. The intent of the law was laudable, but the mode of expression was defective, and so a defendant charged with having conveyed a sample of urine in a milk bottle to a laboratory was found not guilty.

PRICE FIXING OF MILK

Since 1932 the Federal Congress and the legislatures of 26 States have passed laws providing for the economic regulation of milk and dairy products. The Federal laws and their manner of enforcement have been held by the United States Supreme Court to be unconstitutional insofar as they affected and were enforced upon products not actually shipped in interstate commerce.

Some of the State laws have been declared to be invalid, generally because of unlawful delegation of legislative powers, but eight of these laws have been upheld by the highest State courts and two of them by the United States Supreme Court in decisions of general application, although in some instances particular methods of enforcement have been restrained.

This matter is of somewhat academic interest to health officials, who are concerned only with the sanitary production and the public health control of milk and dairy products, and who should not be concerned with the economic aspects of the dairy industry. While it seems now to be well settled that a State in the exercise of its police power may enact emergency legislation for the reasonable regulation of wholesale and retail prices of milk, this is accomplished not as a public health measure but in the interests of the general welfare.

A comprehensive study of Federal and State control of milk prices has recently been completed under the auspices of the International Association of Milk Dealers, and is printed as a supplement to its recently published volume on the legal aspects of milk control.²¹

MISCELLANEOUS

A city ordinance requiring that chocolate milk be manufactured from grade A whole milk, raw or pasteurized, containing 3.5 percent butterfat was upheld in 1935 by the Supreme Court of Florida.²² Although the State law authorized chocolate milk with 2 percent

²⁰ *State v. Brockwell* (1936), —N. C.—; 183 S. E. 378.

²¹ Tobey, J. A.: Federal and State control of milk prices. Int. Assoc. of Milk Dealers. Chicago. 1937.

²² *Anderson v. Tampa* (1935), 121 Fla. 670; 164 So. 546.

butterfat, another provision of the act permitted cities to adopt more stringent standards. In this case there was a strong dissenting opinion, in which it was correctly pointed out that this absolute prohibition of a wholesome food, which could be properly labeled, was unreasonable and destructive of constitutional rights.

Filled-milk laws in several States have recently been declared to be unconstitutional by the courts for the same general reasons set forth in the dissenting opinion in this chocolate milk case.²³

SUMMARY

In conclusion, the statement may be repeated that the courts apparently realize what scientists know, that pure milk is the most important food of man.²⁴ The judiciary continues to uphold all reasonable regulation of this most valuable food, but the courts are also zealous in safeguarding the constitutional rights of individuals and in imposing proper restraints upon ardent health officials whose activities transcend the legitimate protection of the public health and general welfare.

DEATHS DURING WEEK ENDED JULY 10, 1937

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended July 10, 1937	Correspond- ing week, 1936
Data from 86 large cities of the United States:		
Total deaths.....	7,665	8,528
Average for 3 prior years.....	7,545	
Total deaths, first 27 weeks of year.....	249,153	246,855
Deaths under 1 year of age.....	556	543
Average for 3 prior years.....	491	
Deaths under 1 year of age, first 27 weeks of year.....	15,577	15,456
Data from industrial insurance companies:		
Policies in force.....	70,043,901	68,562,192
Number of death claims.....	9,313	11,226
Death claims per 1,000 policies in force, annual rate.....	6.9	8.6
Death claims per 1,000 policies, first 27 weeks of year, annual rate.....	10.5	10.5

²³ *Carolene Prod. Co. v. Dept. of Agr.* (Neb., 1936), 268 N. W. 313. *Carolene Prod. Co. v. Thompson* (1935), 276 Mich. 172; 267 N. W. 608. A filled-milk law was, however, upheld by a lower court in Pennsylvania early in 1937.

²⁴ Tobey, J. A.: Judicial maxims on milk. *Milk Dealer*, July 1936. Also, *Milk: The indispensable food*. Olsen. 1933.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended July 17, 1937, and July 18, 1938

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended July 17, 1937	Week ended July 18, 1938	Week ended July 17, 1937	Week ended July 18, 1938	Week ended July 17, 1937	Week ended July 18, 1938	Week ended July 17, 1937	Week ended July 18, 1938
New England States:								
Maine.....	1				27	84	1	0
New Hampshire.....	1				6	1	0	0
Vermont.....	1				6	13	0	0
Massachusetts.....	3	9			217	273	2	1
Rhode Island.....		3			6	13	0	0
Connecticut.....	11		1		51	41	0	0
Middle Atlantic States:								
New York.....	25	37	15	15	615	660	13	4
New Jersey.....	4	19		7	247	171	1	5
Pennsylvania.....	17	36			480	277	7	2
East North Central States:								
Ohio.....	10	15	4	3	749	259	5	6
Indiana.....	6	8	3	15	78	1	1	2
Illinois.....	21	15	7	4	299	16	4	8
Michigan.....	24	11		1	137	35	1	1
Wisconsin.....	7		4	16	45	72	0	0
West North Central States:								
Minnesota.....		5			11	25	1	0
Iowa.....	2	6			15	2	0	1
Missouri.....	14	10	32	11	83	10	4	1
North Dakota.....	1			1		2	1	0
South Dakota.....					2	1	0	0
Nebraska.....	1	5			8	2	0	0
Kansas.....	2	2	2		6	7	1	1
South Atlantic States:								
Delaware.....					2	3	0	0
Maryland.....	4	6	2	3	31	129	5	2
District of Columbia.....	8	3			33	32	0	3
Virginia.....	6	6			55	36	5	4
West Virginia.....	11	3	7	4	45	4	1	8
North Carolina.....	9	11			86	6	4	3
South Carolina.....		3	40	23	8	2	1	0
Georgia.....	2	7					1	1
Florida.....	4			1	8	7	0	3
East South Central States:								
Kentucky.....	7	1	2		109	7	1	12
Tennessee.....	9	1	4	56	57	18	2	2
Alabama.....	4	13	9	2	10	1	0	2
Mississippi.....	11	1					4	6

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers
for weeks ended July 17, 1937, and July 18, 1936—Continued*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936
West South Central States:								
Arkansas.....	6	4	4	2	6	-----	3	0
Louisiana.....	4	9	22	18	3	1	2	2
Oklahoma ¹	5	10	7	6	14	2	1	1
Texas ¹	32	21	37	30	151	55	3	0
Mountain States:								
Montana ²	1	-----	-----	-----	8	2	0	0
Idaho.....	-----	-----	1	-----	8	12	0	1
Wyoming ¹	-----	-----	-----	-----	1	6	0	0
Colorado ¹	3	3	-----	-----	38	9	0	0
New Mexico.....	-----	1	-----	3	19	4	0	1
Arizona.....	7	1	9	6	5	24	0	1
Utah ¹	-----	-----	-----	-----	32	23	0	0
Pacific States:								
Washington.....	5	-----	-----	-----	42	36	0	0
Oregon.....	-----	2	4	10	5	5	0	0
California.....	18	23	8	11	48	296	4	6
Total.....	307	310	214	238	3,912	2,685	79	84
First 28 weeks of year.....	12,244	13,295	273,324	139,195	233,030	262,425	3,871	5,599

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936
New England States:								
Maine.....	0	4	2	4	0	0	0	1
New Hampshire.....	1	0	4	1	0	0	0	0
Vermont.....	1	2	-----	3	0	0	0	0
Massachusetts.....	2	3	58	54	0	0	3	20
Rhode Island.....	0	0	9	9	0	0	0	0
Connecticut.....	0	1	10	7	0	0	0	1
Middle Atlantic States:								
New York.....	10	4	155	155	0	0	14	11
New Jersey.....	1	0	26	40	0	0	8	6
Pennsylvania.....	1	1	199	179	0	0	14	6
East North Central States:								
Ohio ¹	14	2	120	118	1	3	17	20
Indiana.....	8	1	18	22	4	0	10	9
Illinois.....	8	2	83	109	11	19	23	10
Michigan.....	2	0	199	86	0	0	3	9
Wisconsin.....	0	0	66	86	5	5	1	0
West North Central States:								
Minnesota.....	1	0	31	46	7	0	0	1
Iowa ¹	1	1	19	20	13	9	1	0
Missouri.....	4	0	53	35	5	3	37	17
North Dakota.....	0	0	14	7	8	0	0	2
South Dakota.....	0	0	7	8	0	3	0	1
Nebraska.....	4	0	7	20	0	6	1	1
Kansas.....	4	0	35	55	3	0	6	8
South Atlantic States:								
Delaware.....	0	0	-----	-----	0	0	2	1
Maryland ¹	0	0	15	13	0	0	12	11
District of Columbia.....	0	0	4	3	0	0	4	2
Virginia ¹	3	2	7	13	0	0	18	15
West Virginia.....	2	0	23	25	0	0	9	8
North Carolina ¹	8	2	17	11	0	1	25	16
South Carolina ¹	1	0	2	0	0	0	22	9
Georgia ¹	4	2	10	4	0	0	50	41
Florida ¹	0	0	3	5	0	0	1	1
East South Central States:								
Kentucky.....	5	2	11	8	0	0	50	14
Tennessee.....	7	30	4	5	0	0	48	33
Alabama ¹	1	35	5	9	0	0	15	16
Mississippi ¹	20	12	3	3	0	0	16	14

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended July 17, 1937, and July 18, 1936—Continued

Division and State	Polio-myelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936	Week ended July 17, 1937	Week ended July 18, 1936
West South Central States:								
Arkansas.....	36	0	8	1	0	0	57	14
Louisiana.....	7	1	9	—	0	0	17	25
Oklahoma ¹	46	0	7	11	1	0	36	27
Texas ⁴	52	1	30	31	0	1	40	46
Mountain States:								
Montana ¹	0	0	4	23	11	22	1	2
Idaho.....	0	0	10	6	9	2	0	1
Wyoming ¹	1	6	—	6	0	0	0	0
Colorado ²	1	0	5	9	3	1	2	1
New Mexico.....	0	0	3	12	0	0	5	8
Arizona.....	0	1	2	3	0	0	4	2
Utah ³	0	0	6	15	0	0	1	0
Pacific States:								
Washington.....	0	3	13	16	0	0	2	1
Oregon.....	0	0	11	7	3	2	4	3
California.....	19	7	64	86	7	1	15	7
Total.....	275	119	1,391	1,389	91	78	594	43
First 28 weeks of year.....	1,346	777	160,214	173,880	7,557	5,703	4,839	4,527

¹ New York City only.

² Rocky Mountain spotted fever, week ended July 17, 1937, 14 cases, as follows: Ohio, 1; Iowa, 1; Virginia, 2; North Carolina, 4; Montana, 3; Wyoming, 2; Colorado, 1.

³ Week ended earlier than Saturday.

⁴ Typhus fever, week ended July 17, 1937, 63 cases, as follows: Maryland, 2; North Carolina, 2; South Carolina, 4; Georgia, 33; Florida, 3; Alabama, 14; Mississippi, 1; Texas, 4.

⁵ Figures for 1936 are exclusive of Oklahoma City and Tulsa.

⁶ Colorado tick fever, week ended July 17, 1937, Wyoming, 3 cases.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Menin-gococ-cus menin-gitis	Diph-theria	Influ-enza	Mala-ria	Mea-sles	Pellag-ra	Polio-my-e-litis	Scarlet fever	Small-pox	Ty-phoid fever
May 1937										
Arizona.....	2	13	132	3	387	1	0	41	0	10
June 1937										
Arizona.....	—	12	84	3	162	2	1	36	0	15
California.....	17	157	2,375	14	1,239	10	34	764	75	37
Colorado.....	3	15	—	—	167	—	—	76	6	8
Florida.....	6	44	3	91	57	—	1	15	0	8
Michigan.....	8	78	2	6	1,112	—	5	2,300	16	17
Minnesota.....	1	18	5	3	24	—	1	390	58	3
Mississippi.....	3	16	608	6,669	849	581	100	16	0	48
Nebraska.....	—	—	—	—	62	—	3	103	13	2
New Jersey.....	11	32	16	1	3,962	—	3	363	0	6
Ohio.....	11	52	35	2	5,574	1	8	661	23	30
Pennsylvania.....	40	95	—	2	6,496	—	2	1,927	0	38
South Carolina.....	—	112	256	1,230	239	227	4	8	0	60

Summary of monthly reports from States—Continued

May 1937		June 1937—Continued		June 1937—Continued	
Arizona:	Cases				
Chicken pox.....	123	German measles—Contd.	Cases	Rocky Mountain spotted fever:	Cases
Dysentery.....	61	New Jersey.....	164	California.....	2
German measles.....	26	Ohio.....	39	Colorado.....	7
Mumps.....	83	Pennsylvania.....	329	New Jersey.....	2
Trachoma.....	32	South Carolina.....	1	South Carolina.....	1
Undulant fever.....	5	Granuloma, coccidioidal:		Septic sore throat:	
Whooping cough.....	65	California.....	6	Arizona.....	8
		Hookworm disease:		California.....	4
June 1937		Mississippi.....	521	Colorado.....	2
Actinomycosis:		South Carolina.....	68	Michigan.....	30
California.....	1	Impetigo contagiosa:		Minnesota.....	6
Minnesota.....	1	Colorado.....	3	Ohio.....	108
Beriberi:		Jaundice, epidemic:		Tetanus:	
California.....	1	California.....	5	California.....	5
Chicken pox:		Lead poisoning:		Florida.....	1
Arizona.....	44	Ohio.....	27	Michigan.....	1
California.....	2,990	Leprosy:		New Jersey.....	2
Colorado.....	112	Michigan.....	1	Ohio.....	2
Florida.....	16	Mumps:		South Carolina.....	1
Michigan.....	1,425	Arizona.....	40	Trachoma:	
Minnesota.....	573	California.....	2,123	Arizona.....	29
Mississippi.....	295	Colorado.....	28	California.....	19
Nebraska.....	64	Florida.....	70	Mississippi.....	4
New Jersey.....	1,178	Michigan.....	1,515	Trichinosis:	
Ohio.....	1,188	Mississippi.....	569	California.....	1
Pennsylvania.....	2,695	Nebraska.....	13	Tularemia:	
South Carolina.....	64	New Jersey.....	650	California.....	2
Dengue:		Ohio.....	216	Michigan.....	4
California.....	1	Pennsylvania.....	2,268	Minnesota.....	5
Diarrhea:		South Carolina.....	32	Typhus fever:	
Ohio (under 2 years; enteritis included).....	17	Ophthalmia neonatorum:		Florida.....	19
South Carolina.....	1,661	California.....	1	New Jersey.....	1
Dysentery:		Mississippi.....	5	South Carolina.....	3
Arizona.....	269	New Jersey.....	10	Undulant fever:	
California (amoebic).....	18	Ohio.....	56	Arizona.....	1
California (bacillary).....	58	Pennsylvania.....	6	California.....	18
Florida (amoebic).....	5	South Carolina.....	7	Colorado.....	1
Michigan (bacillary).....	3	Paratyphoid fever:		Michigan.....	6
Minnesota (amoebic).....	2	California.....	6	Minnesota.....	8
Mississippi (amoebic).....	201	Florida.....	3	New Jersey.....	4
Mississippi (bacillary).....	2,941	Michigan.....	3	Ohio.....	2
Ohio (bacillary).....	1	New Jersey.....	2	Pennsylvania.....	8
Encephalitis, epidemic or lethargic:		Ohio.....	1	Vincent's infection:	
California.....	4	South Carolina.....	6	Colorado.....	2
Michigan.....	1	Puerperal septicaemia:		Michigan.....	21
New Jersey.....	1	Colorado.....	1	Whooping cough:	
Ohio.....	3	Mississippi.....	30	Arizona.....	43
Pennsylvania.....	4	Ohio.....	5	California.....	2,506
South Carolina.....	1	Rabies in animals:		Colorado.....	115
Food poisoning:		California.....	242	Florida.....	65
California.....	97	Michigan.....	7	Michigan.....	779
German measles:		Mississippi.....	22	Minnesota.....	480
Arizona.....	18	New Jersey.....	7	Mississippi.....	742
California.....	114	South Carolina.....	33	Nebraska.....	55
Michigan.....	805	Rabies in man:		New Jersey.....	425
		California.....	1	Ohio.....	1,389
		Pennsylvania.....	1	Pennsylvania.....	1,656
				South Carolina.....	205

PLAGUE INFECTION IN ORMSBY COUNTY, NEV.

Under date of July 16, 1937, plague infection was reported proved by animal inoculation and cultures in a lot of 10 fleas collected from 19 chipmunks, *Eutamias speciosus frater*, shot July 2, 1937, approximately 15 miles west of Carson City, Ormsby County, Nev.

DIAGNOSIS OF PLAGUE IN DOUGLAS COUNTY, NEV., CONFIRMED

The provisional diagnosis of plague reported on June 4, 1937, in a patient from Lake Tahoe, Douglas County, Nev.,¹ has been reported to have been confirmed on June 8.

¹ PUBLIC HEALTH REPORTS, June 25, 1937, p. 851.

WEEKLY REPORTS FROM CITIES

City reports for week ended July 10, 1937

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Data for 90 cities: 5-year average.....	149	44	16	2,214	339	684	9	391	70	1,270	-----
Current week ¹	105	39	17	1,474	307	507	9	339	58	1,268	-----
Maine:											
Portland.....	0		0	2	1	0	0	0	0	1	14
New Hampshire:											
Concord.....	0		0	0	1	0	0	1	0	0	8
Manchester.....	0		0	0	1	0	0	1	0	0	12
Nashua.....	0		0	0	0	2	0	0	0	2	12
Vermont:											
Barre.....											
Burlington.....	0		0	0	0	0	0	0	0	1	5
Rutland.....	0		0	0	0	0	0	0	0	0	6
Massachusetts:											
Boston.....	0		1	31	14	20	0	6	1	24	178
Fall River.....	0		0	7	1	0	0	1	0	0	23
Springfield.....	0		0	1	1	1	0	1	0	14	34
Worcester.....	0		0	0	3	2	0	6	0	9	50
Rhode Island:											
Pawtucket.....	0		0	0	0	1	0	0	0	0	17
Providence.....	0		0	15	2	14	0	1	0	21	53
Connecticut:											
Bridgeport.....	0		0	0	0	4	0	0	0	0	33
Hartford.....	0		0	18	4	2	0	0	0	0	42
New Haven.....	0		0	0	2	2	0	0	2	1	46
New York:											
Buffalo.....	0		0	33	5	8	0	3	0	31	126
New York.....	36		0	245	61	57	0	69	8	72	1,299
Rochester.....	0	1	0	7	3	1	0	1	1	17	71
Syracuse.....	0		0	18	3	8	0	1	1	14	55
New Jersey:											
Camden.....	0	1	1	2	1	2	0	1	0	5	30
Newark.....	0		0	9	1	2	0	6	0	23	85
Trenton.....	0		0	24	1	2	0	5	0	3	31
Pennsylvania:											
Philadelphia.....	1	2	2	6	13	41	0	22	4	40	392
Pittsburgh.....	1		2	173	14	14	0	8	2	33	184
Reading.....	0		0	10	1	0	0	3	0	1	28
Scranton.....	0			1		0			0	0	-----
Ohio:											
Cincinnati.....	1	1	0	7	3	8	0	8	0	24	131
Cleveland.....	0		0	172	6	29	0	11	2	52	176
Columbus.....	0	1	1	3	0	0	0	1	0	5	64
Toledo.....	0		0	113	0	2	0	1	0	50	50
Indiana:											
Anderson.....	0		0	10	0	2	0	1	0	1	13
Fort Wayne.....	0		0	0	2	0	0	0	0	0	22
Indianapolis.....	1		2	31	7	0	1	5	1	23	95
Muncie.....	0		0	0	0	0	0	1	0	0	21
South Bend.....	0		0	0	1	3	0	1	1	1	24
Terre Haute.....	1		0	1	0	0	0	0	0	0	15
Illinois:											
Alton.....	0		0	0	0	0	0	0	0	0	6
Chicago.....	22	3	3	268	24	69	0	38	1	94	670
Elgin.....	0		0	0	1	0	0	0	0	4	15
Moline.....	0		0	1	0	0	2	0	0	9	6
Springfield.....	0		0	2	0	1	0	0	0	5	-----
Michigan:											
Detroit.....	12		0	89	13	74	0	16	0	56	264
Flint.....	1		0	0	4	5	0	0	0	6	27
Grand Rapids.....	0		0	13	0	5	0	0	0	41	21
Wisconsin:											
Kenosha.....	0		0	0	0	3	0	0	0	0	6
Madison.....	0		0	1	0	2	0	0	0	6	24
Milwaukee.....	0		0	17	2	18	0	4	0	29	87
Racine.....	0		0	2	0	3	0	0	0	3	9
Superior.....	0		0	0	0	1	0	0	0	3	6

¹ Figures for Barre, Vt., and Tacoma, Wash., estimated; reports not received.

City reports for week ended July 10, 1937—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
Minnesota:											
Duluth.....	0		0	0	2	4	0	0	0	7	28
Minneapolis.....	1		0	0	3	8	0	1	0	5	81
St. Paul.....	0		0	1	4	0	0	2	0	87	43
Iowa:											
Cedar Rapids.....	0			0		0	0		0	3	
Davenport.....	0			0		1	0		0	2	
Des Moines.....	0		0	0	0	6	2	0	0	0	28
Sioux City.....	0		0	0	0	0	0		0	6	
Waterloo.....	0			2		4	0		0	0	
Missouri:											
Kansas City.....	1		0	2	2	4	0	5	0	5	96
St. Joseph.....	1		0	0	0	1	0	0	1	2	
St. Louis.....	2		0	31	4	17	0	9	1	27	187
North Dakota:											
Fargo.....	0		0	0	0	1	4	0	0	15	7
Grand Forks.....	0			0		0	0		0	0	
Minot.....	0		0	0	0	0	0	0	0	0	1
South Dakota:											
Aberdeen.....	0			0		0	0		0	0	
Sioux Falls.....	0		0	0	0	0	0	0	0	0	9
Nebraska:											
Omaha.....	0		0	0	2	1	1	2	1	3	54
Kansas:											
Lawrence.....	0		0	0	0	0	0	0	0	8	7
Topeka.....	0		0	0	1	3	0	0	0	18	
Wichita.....	0		0	1	3	2	0	0	1	7	27
Delaware:											
Wilmington.....	0		0	0	1	1	0	0	0	0	18
Maryland:											
Baltimore.....	1		0	12	9	6	0	9	1	64	170
Cumberland.....	0		0	0	0	0	0	0	0	0	12
Frederick.....	0		0	0	0	0	0	0	0	0	1
District of Colum- bia:											
Washington.....	3		0	34	9	2	0	7	4	10	140
Virginia:											
Lynchburg.....	1		0	3	0	0	0	0	0	7	10
Norfolk.....	0		0	9	1	1	0	2	0	0	23
Richmond.....	0		1	1	4	1	0	3	0	0	52
Roanoke.....	0		0	1	0	0	0	0	0	4	12
West Virginia:											
Charleston.....	0		0	0	1	0	0	0	1	0	26
Huntington.....	0			0		0	0		0	0	
Wheeling.....	0		0	3	2	4	0	1	0	9	24
North Carolina:											
Gastonia.....	0		0	0	0	0	0	0	0	3	
Raleigh.....	0		0	0	0	0	0	1	0	1	16
Wilmington.....	0		0	0	0	0	0	0	0	11	11
Winston-Salem.....	0		0	0	0	2	0	0	0	10	5
South Carolina:											
Charleston.....	0	23	0	0	2	0	0	0	3	0	10
Florence.....	0		0	0	0	0	0	0	0	0	10
Greenville.....	0		0	0	1	0	0	0	0	6	15
Georgia:											
Atlanta.....	0		0	0	6	2	0	6	1	8	98
Brunswick.....	0		0	0	0	0	0	0	0	0	4
Savannah.....	0	1	0	0	1	0	0	2	4	3	41
Florida:											
Miami.....	0		0	1	0	0	0	3	0	0	30
Tampa.....	0		0	0	0	0	0	1	0	0	16
Kentucky:											
Ashland.....	0		0	0	3	0	0	0	0	1	33
Covington.....	0		0	6	0	1	0	2	0	16	11
Lexington.....	0		0	6	2	0	0	3	1	18	22
Louisville.....	0	1	0	26	3	0	1	8	0	78	
Tennessee:											
Knoxville.....	0		0	0	1	0	0	2	1	1	24
Memphis.....	0		0	10	1	0	0	4	0	33	64
Nashville.....	0		0	9	4	2	0	1	1	14	42
Alabama:											
Birmingham.....	0		0	13	1	0	0	2	1	11	73
Mobile.....	0		0	0	0	0	0	2	0	0	31
Montgomery.....	0	1	0	0		0	0		2	0	
Arkansas:											
Fort Smith.....	0		0	0	0	0	0	0	0	0	
Little Rock.....	0		0	0	1	0	0	2	2	0	3
Louisiana:											
New Orleans.....	5	1	0	4	8	3	0	14	4	13	147
Shreveport.....	0		0	0	3	0	0	5	0	0	37

City reports for week ended July 10, 1937—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Oklahoma:											
Muskogee	0		0	0	0	0	0	0	0	0	
Oklahoma City	0		0	0	1	2	0	2	1	2	40
Tulsa	0			7		1	0		0	8	
Texas:											
Dallas	1		0	3	0	2	0	1	2	33	68
Fort Worth	0		0	0	2	1	0	0	0	1	46
Galveston	0		0	0	1	0	0	0	0	0	6
Houston	4		0	1	4	2	0	3	1	4	77
San Antonio	0		0	0	5	0	0	3	0	1	66
Montana:											
Billings	0		0	0	1	0	0	0	0	0	5
Great Falls	0		0	0	0	0	0	0	0	6	4
Helena	0		0	1	0	2	0	0	0	0	1
Missoula	0		0	0	0	0	0	0	0	0	3
Idaho:											
Boise	0		0	0	0	0	0	0	0	3	5
Colorado:											
Colorado											
Springs	0		0	1	0	0	0	2	0	0	9
Denver	2		1	30	2	7	3	3	0	27	80
Pueblo	0		0	1	2	0	0	0	0	0	9
New Mexico:											
Albuquerque	0		0	2	1	0	0	1	2	0	13
Utah:											
Salt Lake City	0		0	39	0	4	0	0	0	6	38
Washington:											
Seattle	1		1	14	2	1	0	4	2	44	74
Spokane	0		0	29	1	2	0	0	0	8	24
Tacoma											
Oregon:											
Portland	1		0	0	2	0	2	5	0	3	60
Salem	0	2		0		0	0		0	0	
California:											
Los Angeles	5	4	2	11	13	22	0	18	1	79	300
Sacramento	0	1	1	7	0	1	0	3	2	13	25
San Francisco	1	1	0	10	8	3	0	6	0	38	143

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				Kentucky:			
Boston	0	0	1	Lexington	0	0	1
Rhode Island:				Louisville	0	0	1
Providence	1	0	0	Tennessee:			
Connecticut:				Memphis	1	0	1
New Haven	0	0	1	Alabama:			
New York:				Birmingham	0	0	1
Buffalo	1	0	0	Arkansas:			
New York	7	4	2	Fort Smith	1	1	0
Rochester	0	0	1	Little Rock	2	0	7
Syracuse	1	1	0	Louisiana:			
Pennsylvania:				New Orleans	1	1	1
Philadelphia	2	1	0	Shreveport	0	2	0
Pittsburgh	2	0	0	Oklahoma:			
Ohio:				Oklahoma City	0	0	2
Cincinnati	0	0	5	Texas:			
Cleveland	0	0	1	Dallas	0	0	1
Illinois:				Fort Worth	0	0	4
Chicago	1	1	1	Houston	2	0	3
Michigan:				San Antonio	0	0	1
Detroit	1	0	1	Colorado:			
Missouri:				Denver	1	1	0
St. Louis	1	0	1	Pueblo	0	0	1
West Virginia:				California:			
Wheeling	0	0	1	Los Angeles	1	1	3
				San Francisco	1	0	0

Encephalitis, epidemic or lethargic.—Cases: Cleveland, 2; Washington, D. C., 1; Spokane, 1.

Pellagra.—Cases: Boston, 1; Washington, D. C., 1; Charleston, S. C., 2; Savannah, 2; Nashville, 1; New Orleans, 2; Dallas, 1.

Typhus fever.—Cases: New York, 1; Savannah, 2; Miami, 1.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—2 weeks ended July 3, 1937.—During the 2 weeks ended July 3, 1937, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunsw- wick	Que- bec	Onta- rio	Mani- toba	Sas- katche- wan	Al- berta	British Colum- bia	Total
Cerebrospinal meningitis.....			2	1	6					9
Chicken pox.....		5	2	126	462	31	228	61	69	984
Diphtheria.....		2	6	51	17	3	1			80
Erysipelas.....				4	6	1	1	1		17
Influenza.....		2		5	1				3	11
Measles.....		64	5	355	1,004	241	273	207	139	2,288
Mumps.....		1			250	5	4	13	68	341
Paratyphoid fever.....					10					10
Pneumonia.....					7		5		13	29
Polio-myelitis.....	4			1	2	1				4
Scarlet fever.....		12	19	86	230	31	42	117	26	563
Smallpox.....								1		1
Trachoma.....					1	3				4
Tuberculosis.....	3	5	13	109	74	32		8	28	279
Typhoid fever.....			6	33	3		7	2	2	53
Undulant fever.....					5				1	6
Whooping cough.....		5		253	153	240	33	3	15	711

CUBA

Habana—Communicable diseases—4 weeks ended July 3, 1937.—During the 4 weeks ended July 3, 1937, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Cerebrospinal meningitis.....	1		Polio-myelitis.....	14	
Diphtheria.....	13		Scarlet fever.....	1	
Leprosy.....	1		Tuberculosis.....	24	2
Malaria.....	145	2	Typhoid fever.....	179	11

¹ Includes imported cases.

Provinces—Notifiable diseases—4 weeks ended June 26, 1937.—During the 4 weeks ended June 26, 1937, cases of certain notifiable diseases were reported in the Provinces of Cuba as follows:

Disease	Pinar del Rio	Habana	Matanzas	Santa Clara	Camaguey	Oriente	Total
Cancer.....	1	—	—	11	—	2	14
Cerebrospinal meningitis.....	—	1	—	—	—	—	1
Chicken pox.....	2	2	1	2	—	—	7
Diphtheria.....	4	11	—	7	1	1	24
Dysentery.....	—	—	—	1	—	—	1
Hookworm disease.....	—	2	—	—	—	3	5
Leprosy.....	—	1	—	—	—	—	1
Malaria.....	75	42	8	108	56	307	596
Measles.....	1	2	4	1	—	2	10
Poliomyelitis.....	1	5	—	4	—	1	11
Scarlet fever.....	—	2	—	—	—	—	2
Tuberculosis.....	7	147	23	69	11	46	303
Typhoid fever.....	16	59	21	72	13	29	210
Yaws.....	—	—	—	—	—	3	3

VIRGIN ISLANDS

Notifiable diseases—April–June 1937.—During the months of April, May, and June 1937, cases of certain notifiable diseases were reported in the Virgin Islands as follows:

Disease	April	May	June	Disease	April	May	June
Dengue.....	—	—	30	Pellagra.....	3	—	1
Dysentery.....	1	—	—	Pneumonia.....	4	1	2
Filariasis.....	—	3	—	Schistosomiasis.....	2	1	—
Gonorrhea.....	12	3	4	Syphilis.....	19	17	5
Hookworm disease.....	5	3	3	Tetanus.....	2	—	—
Malaria.....	157	69	65	Tuberculosis.....	3	11	2

YUGOSLAVIA

Communicable diseases—4 weeks ended June 20, 1937.—During the 4 weeks ended June 20, 1937, certain communicable diseases were reported in Yugoslavia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	37	2	Paratyphoid fever.....	39	1
Cerebrospinal meningitis.....	27	8	Poliomyelitis.....	7	3
Diphtheria.....	379	28	Scarlet fever.....	256	2
Dysentery.....	34	3	Sepsis.....	13	7
Erysipelas.....	238	5	Tetanus.....	55	24
Leprosy.....	2	—	Typhoid fever.....	269	16
Lethargic encephalitis.....	3	—	Typhus fever.....	108	9
Measles.....	364	3			

Place	Decem-ber 1936	Janu-ary 1937	Febru-ary 1937	March 1937	April 1937	May 1937
Argentina:						
Cordoba Province.....	C 5			1		
Salta Province.....	C	2				
San Luis Province.....	C					
Bolivia:						
Chuquisaca Department.....	C	P	5			
Oruro Department.....	C					
Potosi Department.....	C					
Brazil:						
Ceara State.....	C	1				
Parayba State.....	C	4	1			
Pernambuco State.....	C		2			
Ecuador (see also table above):						
Manabi.....	C					
Bahia.....	C		4	7	2	
Manta.....	C		8	12	13	
Indochina (see also table above):						
Cambodia.....	C					
Cochinchina.....	C					
Madagascar (central region).....	D					
Peru.....	C					
Cajamarca Department.....	C					
Huancabamba Department.....	C					
Lambayeque Department.....	C					
Libertad Department.....	C					
Lima Department.....	C					
Lima City.....	C					
Piura Department.....	C					
Union of South Africa (see also table above).....	C					

* Pneumonic plague.

¹¹ June 22, 1937, in fleas taken from chipmunks.

¹² July 8, 1937, in 1 lot of fleas and 1 tick taken from ground squirrels.

¹³ Number unspecified.

¹⁴ Information dated July 16, 1937, states that plague has been proved by animal inoculation, in 1 lot of 10 fleas taken from 19 chipmunks in Ormsby County, Nev.

¹⁵ May 7, 1937, in fleas taken from ground squirrels in Lake County, June 25, 1937, in fleas taken from ground squirrels in Wallawa County.

¹⁶ Apr. 29, 1937, in 2 lots of fleas and lice taken from ground squirrels.

¹⁷ Includes 44 cases of pneumonic plague.

¹⁸ Includes 66 cases of pneumonic plague.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		Week ended—											
		April 1937				May 1937				June 1937			
		3	10	17	24	1	8	15	22	29	5	12	19
Iran	Nov. 29-Dec. 26, 1936	1											
Teheran	Dec. 27, 1936-Jan. 30, 1937	1											
Iran	Jan. 31-Feb. 27, 1937	30	6		8	1	1		1				
Baghdad													
Japan													
Kobe													
Moj													
Osaka													
Yokohama													
Mexico (see also table below):													
Chihuahua													
Durango													
Guadalupe													
Mazatlan													
Mexico, D. F.													
Monterrey													
San Luis Potosi													
Torreón													
Morocco. (See table below.)													
Nicaragua: Puerto Cabezas													
Nigeria													
Lagos													
Nyasaland. (See table below.)													
Palestine. (See table below.)													
Poland													
Portugal (see also table below):													
Lisbon													
Oporto													
Salvador. (See table below.)													
Sierra Leone													
Sierra Leone													
Freetown													
Southern Rhodesia													
Sudan (Anglo-Egyptian)													
Tunisia													
Uruguay													

1 For 2 weeks.

2 Imported.

On vessels

8. S. <i>Jaldurga</i> at Rangoon from Gopalpur	1 case	Dec. 30, 1936
8. S. <i>Erva</i> at Rangoon from Calcutta	1 case	Jan. 4, 1937
8. S. <i>Tungo Maru</i> at Singapore from Japan	1 death	Jan. 16, 1937
8. S. <i>Yaso</i> at Rangoon from Penang	1 case	Jan. 27, 1937
8. S. <i>Horei Maru</i> at Moli from Keelung	2 cases	Jan. 28, 1937
8. S. <i>Tijedok</i> at Surabaya from Shanghai	1 case	Jan. 28, 1937
8. S. <i>Colorado Springs</i> at Manila from Shanghai	1 case	Feb. 1, 1937
8. S. <i>Nikko Maru</i> at Moli from Tsingtao	1 case	Feb. 7, 1937
8. S. <i>Bhadrasati</i> at Bombay from Vengurla	1 case	Feb. 18, 1937
8. S. <i>Negaseki Maru</i> at Nagasaki from Shanghai	1 case	Mar. 8, 1937

On vessels—Continued.

8. S. <i>Kiangsu</i> at Swatow from Bangkok	1 case	Mar. 13, 1937
8. S. <i>Sumatra</i> at Calcutta	2 cases	Mar. 21, 1937
8. S. <i>Englesten</i> at Rangoon from Chittagong	1 case	Mar. 25, 1937
8. S. <i>Duriken</i> at Hong Kong	1 case	Mar. 31, 1937
8. S. <i>Telma</i> at Hong Kong	1 case	Apr. 1, 1937
8. S. <i>Takagaki</i> at Rangoon from Chittagong	1 case	Apr. 2, 1937
8. S. <i>Takung</i> at Hong Kong	1 case	Apr. 13, 1937
8. S. <i>President Hoover</i> at Yokohama from Honolulu	1 case	Apr. 17, 1937
8. S. <i>Hydri</i> at Karachi	1 case	Apr. 24, 1937
8. S. <i>G. G. Pasquier</i> at Singapore from Saigon	1 case	May 7, 1937

Place	Decem-ber 1936	Janu-ary 1937	Febru-ary 1937	March 1937	April 1937	May 1937	Place	Decem-ber 1936	Janu-ary 1937	Febru-ary 1937	March 1937	April 1937	May 1937
Angola.....	24						Mexico (see also table above)—Continued.....		1	1			
Argentina:.....	1						Jalisco State—Guadaluajara.....						1
Corrientes Province.....	2						Mexico State.....				1		
Salta Province.....	98	111	158	283	143		Mexico, D. F.....	2	12	16	16	13	
Belgian Congo.....		28	4	5	25	48	Mexico City.....		5	2			
Bolivia.....				3	11		Morelos State.....		4				
China: Manchuria—Harbin.....				68	73		Morelos State.....						
Danomey.....	2	1	41	5			Nayarit State.....		1				
Chosen.....	11						Nuevo Leon State—Monterrey.....			6			
Eritrea (see also table above).....	1	1	1				Puebla State—Puebla.....	1					
Finland.....	1						Queretaro State.....					1	
France.....				1	1	1	San Luis Potosi State—San Luis Potosi.....				3		
Guatemala.....	4	5	2				Morocco.....		1	1		1	
Indochina (see also table above).....	219	306	382	505	316	274	Nyasaland.....	2	6	6		6	1
	38	84	70	97	46	95	Palestine.....		2	7		3	
Mexico (see also table above):.....							Portugal (see also table above).....		113	29	27	15	
Agascalientes State—Agua-calientes.....		1	1		1		Salvador.....	162	3	6	2	5	
Chihuahua State.....					4			8				4	
Colima State.....			2										

CHOLERA, PLAGUE, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER

[C indicates cases; D, deaths; P, present]

[illegible]

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER—Continued

[C indicates cases; D, deaths; P, present]

Place	De- cember 1936	Janu- ary 1937	Febru- ary 1937	March 1937	April 1937	May 1937	Place	De- cember 1936	Janu- ary 1937	Febru- ary 1937	March 1937	April 1937	May 1937
Bolivia.....	19	24	25	30	48	39	Mexico—Continued.						
Bulgaria.....	7	19	8	58	45		Mexico, D. F.	5	14	18	12	16	
China: Manchuria—Harbin.....	28	8	35	149	147		Mexico City.....	6	6	6			
Czechoslovakia.....	3	15	12	33	25		Oaxaca State.....	9	7	2			
France.....	1	7	2	4	2		Puebla State: Puebla.....	1	1	3			
Greece (see also table above).....	2	2	19	4	13	12	Queretaro State.....	2	1	2	1	1	
Guatemala.....	28	29	19	1	1		San Luis Potosi State: San Luis Potosi.....	7	7		2	2	
Latvia.....						13	Morocco (see also table above)	2	11	22	27	190	283
Lithuania.....	3	13	10	23	37	6	Peru.....	52			917	832	
Mexico (see also table above):							Rumania.....	380	941	1,018	50	68	
Aguascalientes State: Aguas- calientes.....							Turkey.....	21	24	50	39	3	
Guanajuato State.....		2	3	1	1		Istanbul.....	1	7	3			
Hidalgo State.....				2			Union of South Africa:						
Jalisco State.....				1	5		Cape Province.....	61	52	12	38	41	
Mexico State.....		8		1			Natal.....	4	4	4	1	1	
		1		1			Orange Free State.....	8	5	11	5	3	
				1			Transvaal.....	6	13	1	2		
							Yugoslavia.....	49	159	125			

YELLOW FEVER

Place	Nov. 29- Dec. 26, 1936	Dec. 27, 31- Feb. 27, 1937	Week ended—																
			March 1937				April 1937				May 1937				June 1937				
			6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26
Brazil: ¹																			
Acre Territory.....	D	1	1																
Matto Grosso State ¹	D	3	20	1															
Minas Geraes State ¹	C	1	2																
C	D	1	13	9	5	12	8	3	6	2	2	1							
Para State ¹	D		2																
C	D		2																
Paraná State.....	C																		
C	D																		
São Paulo State ¹	C	4	1																
C	D	4	14	9	4	8	17	4	5	6	1								
Colombia.....	D	3																	
C	D	1																	
Barrancabermeja.....	C		1																
C	D																		
Dahomey: Bobicon.....	C																		
C	D																		
French Equatorial Africa:																			
Brazzaville.....	D										1								
Libreville.....	D																		
C	D		1																
Gold Coast: ⁴																			
Aburi.....	C																		
Accra ⁴	C																		
Adeliso: ⁴	C	5	3																
Apest.....	C																		
C	D																		
Eastern Province: ⁴																			
Huhunya: ⁴	C																		
Nepom ⁴	C																		
Nuro.....	C																		
C	D																		
Prestea.....	C																		
C	D																		
Swedru: ⁴	C																		
C	D																		
Tamale.....	C																		
C	D	1																	
Teshi.....	C																		

¹ See also reports of yellow fever in Brazil on pp. 463, 536, 657, 683, 762, 818, and 912, of the PUBLIC HEALTH REPORTS.

² For 3 weeks.

³ Suspected.

⁴ Yellow fever has also been reported in Gold Coast as follows: During the week ended July 3, 1937, 1 case at Accra; 1 case at Adelso; 1 case at Huhunya; 2 cases at Mepom; and 1 case at Swedru. During the week ended July 17, 1937, 4 cases and 4 deaths were reported in Eastern Province, Gold Coast.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

YELLOW FEVER—Continued

[C Indicates cases; D, deaths; P, present]

Place	Nov. 29- Dec. 26, 1936	Dec. 27, 1936- Jan. 30, 1937	Jan. 31- Feb. 27, 1937	Week ended—																
				March 1937			April 1937				May 1937				June 1937					
				6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26
Ivory Coast:																				
Adzopo.....																				
Agboville.....																				
Nigeria:																				
Oghomoshio. ¹																				
Uyo.....																				
Paraguay. ¹																				
Peru: Perene region (Pampa Whaley).....																				
Senegal:																				
Bambey.....																				
Dakar.....																				
Diakhao.....																				
Fatick. ¹																				
Linguere.....																				
Maïem Hodar.....																				
Thies Circle—Khombole.....																				
Tlimaka.....																				
Tivouane.....																				
Sudan (French): Mahina.....																				

¹ Suspected.² Yellow fever has been reported in Oghomoshio, Nigeria, as follows: During the week ended July 3, 1937, 3 cases with 1 death, and for the week ended July 10, 1 case.³ A dispatch dated June 4, 1937, from the United States legation in Asuncion, Paraguay, states that yellow fever has been officially reported in the northwestern part of Paraguay.⁴ Jungle type.⁵ The case of yellow fever reported in Fatick, Senegal, on p. 722 of PUBLIC HEALTH REPORTS of May 28, 1937, has not been confirmed.

X